



INDIVIDUAL RESPONSIBILITY PLAN (IRP)

**CONTRACTED SERVICES (USUALLY):  
FAMILY VIOLENCE SERVICES (XF, 1.0, .75, .50, or .25 BLOCKS))**

I will participate with the provider listed below, a family violence advocate, at the address listed below for the dates listed below. I will participate in activities to help me address family violence issues and keep my children and me safe. If I am unable to come to scheduled appointments or participate in the agreed upon activities, I will call the number listed below on or before the same day I am unable to participate. I understand that if I do not call in on or before the same day, it will be considered an unexcused absence and that two unexcused absences in a month may result in sanction. I have adequate child care and transportation has been addressed, and these are not an issue. My case manager and I will review this IRP again on the date listed below.

I will participate ☐ Full-time ☐ 3/4 time ☐ Half-time ☐ Quarter time ☐ Assessment

Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Begin and end date of services: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date of next IRP review: \_\_\_\_\_